

**RECEIVED**

By Carol Day at 10:41 am, Apr 04, 2016



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired.  
Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN <u>104293</u>	PRINTER SN <u>1109 B.3590.034</u>	DATE OF INSPECTION <u>3/30/2016</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>7010 N Holmes, Gladstone</u>		TIME OF INSPECTION

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☐ STANDARD SUPPLIER Intoximeters LOT # AG 421804 EXP. DATE 26 Aug 2016

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP DATE

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☐ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☒ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .083

TEST 2 .082

TEST 3 .081

☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 0 (0-.04) 0 (.05-.09) 0 (.10-.14) 0 (.15-.19) 0 (OVER .19)

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**INSPECTING OFFICER**

SIGNATURE

TYPE & PERMIT NUMBER/EXPIRATION DATE

240385

11/13/16

PRINT NAME

Josh Bailey

TELEPHONE NUMBER

816 935 9750

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2876 James Boulevard  
Poplar Bluff, MO 63901



Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo 63103  
Ph (314) 533-3100  
Fax (314) 533-7328

## Certificate of Analysis

Customer Name  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Test Date: 6-Aug-2014

Lot # AG421804

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
6-Aug-2016	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (218 ppm) Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Date: 2014.08.06 17:38:54 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst:

  
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IU Serial no: 104293  
Version no: 532B

TEST RECORD 00525

Temp Date Time 210L  
Air Blank:  
03/30/16 21:23 .000  
Calibration Check:  
21 03/30/16 21:23 .000

Subject Name

*Acc Check*

Subject I.D.

Operator Name: I.D.

*Bailey*

Location

AS IU Serial no: 104293  
Version no: 532B

TEST RECORD 00526

Temp Date Time 210L  
Air Blank:  
03/30/16 21:24 .000  
Calibration Check:  
22 03/30/16 21:24 .002

Subject Name

Subject I.D.

Operator Name: I.D.

*Bailey*

Location

AS IU Serial no: 104293  
Version no: 532B

TEST RECORD 00527

Temp Date Time 210L  
Air Blank:  
03/30/16 21:26 .000  
Calibration Check:  
24 03/30/16 21:26 .001

Subject Name

Subject I.D.

Operator Name: I.D.

*Bailey*

Location

AS IU Serial no: 104293  
Version no: 532B

TEST RECORD 00528

Temp Date Time 210L  
Air Blank:  
03/30/16 21:27  
Calibration Check:  
25 03/30/16 21:27

Subject Name

Subject I.D.

Operator Name: I.D.

*Bailey*

Location



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT**  
**TYPE II**

**JOSHUA N BAILEY**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/13/2014

NUMBER 240385

EXPIRES 11/13/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 552 0771 (5-10)

LAB-4 (R6-10)

